

Alaska Women Take Heart

COMMUNITY COORDINATOR EVALUATION

CONTACT INFORMATION:

Name: _____ Organization: _____

Mailing Address: _____

Email: _____ Phone: _____

EVALUATION:

How did you hear about the campaign?

How did you use the Community Coordinator's Kit?

☐ Organized a community event ☐ Organized an educational campaign

☐ Other: _____

Please briefly describe your event or campaign:

Please list partners you collaborated with on this event:

How many community members participated in the event? _____

How many posters were distributed? _____

How many bookmarks were distributed? _____

Did you work with the media on: (please check all that apply)

- ☐ Coverage for the event ☐ Placing an article in a newsletter
☐ Scheduling talk show guests ☐ Placing an article in the newspaper
☐ Placing an advertisement in the newspaper
☐ Other: _____

Take Heart
Alaska 

Alaska Women Take Heart

EVALUATION *(continued)*:

Please share anything that worked particularly well for you or was a success:

Please share any lessons learned:

Are you interested in other health campaigns? ☐ Yes ☐ No

Do you have suggestions for organizing groups of future campaigns?

THANK YOU FOR YOUR RESPONSES

Please mail this evaluation in the enclosed envelope, or address the form to:

Cardiovascular Health Program
DHSS Div. of Public Health, Epidemiology
PO Box 110616
Juneau, AK 99811-0616

or fax to:
(907) 465-2770

Take Heart
Alaska 